

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name MID FLOIRDA LIEN AND TITLE SERVICE LLC		Website	
Contact name. Primary applicant and contract manager IHSAN A ABOULHOSN	(Area code) Telephone number 407-657-7995	Email (required) midfloridalien@aol.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 3001 ALOMA AVE STE. 227-A			
City WINTER PARK		State FL	ZIP code 32792
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Mid Florida Lien is Mechanics and storage lien company (county occupational licens Lien Services).</p> <p>The information we receive from the Department of Licensing will only be used to provide notices to vehicle owners and or lienholders of abandoned vehicles per Folrida Stat. 713.585 and 713.78.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>The owner will be contacted via certified mail to provid the lien notice. The registration record will provided the Florida Department of Motor Vehicle and the lienholder if any.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

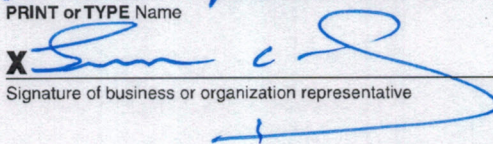
CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

05/11/2018
Date and place (county) signed

Ihsan Aboul Hosn
PRINT or TYPE Name
X 
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Scott Randolph, Tax Collector**Local Business Tax Receipt****Orange County, Florida**

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. **Delinquent penalty is added October 1.**

3400 LIEN SERVICES 2017 \$75.00

EXPIRES 9/30/2018

3400-0971653

TOTAL TAX \$75.00
PREVIOUSLY PAID \$75.00
TOTAL DUE \$0.00

ABOUL HOSEN IHSAN

MID FLORIDA LIEN AND TITLE SERVICE LLC
ABOUL HOSEN IHSAN
3001 ALOMA AVE STE 227A
WINTER PARK FL 32792-3752

3001 ALOMA AVE #227A
U - WINTER PARK, 32792

PAID: \$75.00 0099-00795621 8/14/2017

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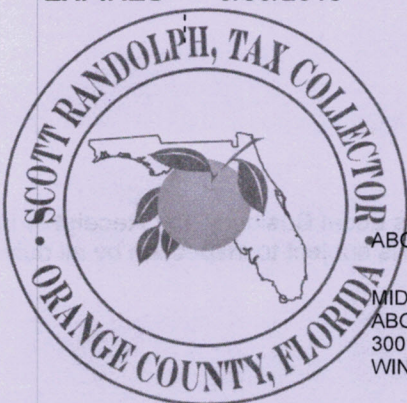
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TOTAL TAX \$75.00
PREVIOUSLY PAID \$75.00
TOTAL DUE \$0.00

3001 ALOMA AVE #227A
U - WINTER PARK, 32792

PAID: \$75.00 0099-00795621 8/14/2017



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ABOUL HOSEN IHSAN
3001 ALOMA AVE STE 227A
WINTER PARK FL 32792-3752

This receipt is official when validated by the Tax Collector.

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If you currently have a CPS number, enter it here _____

13a

Company/Agency name <i>FOOTHILLS Auto Center</i>		Website <i>www.foothillstoyota.com</i>	
Contact name. Primary applicant and contract manager <i>Barbara Hank</i>	(Area code) Telephone number <i>360-757-7575</i>	Email (required) <i>barbarahank@foothillstoyota.com</i>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>1881 Bouslog RD.</i>			
City <i>Burlington</i>		State <i>WA</i>	ZIP code <i>98233</i>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>600-571-861</i>
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>NEW CAR DEALERSHIP</i>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <i>NO</i>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

May 10, 2018

Date and place (county) signed

Barbara C. Hank

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF
WASHINGTON

BUSINESS LICENSE

Corporation

FOOTHILLS AUTO CENTER INC.
FOOTHILLS TOYOTA
1881 BOUSLOG RD
BURLINGTON, WA 98233-3728

UNEMPLOYMENT INSURANCE - ACTIVE
RENTAL CAR REGISTRATION #R61396 - ACTIVE
MOTOR VEHICLE DEALER #1208 - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION #600-571-861 - ACTIVE

LICENSING RESTRICTIONS:
Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:
FOOTHILLS TOYOTA

Unified Business ID #: 600571801
Business ID #: 001
Location: 0001
Expires: Apr 30, 2019

This document is the registration, certification, and license for the business
issued under the authority of the Department of Licensing. Information on the applica-
tion and renewal, fees, and conditions of the license is provided on the back of this
document. It is provided with all applicable Washington state, county and city regulations.

Walter Smith
Director

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Fax

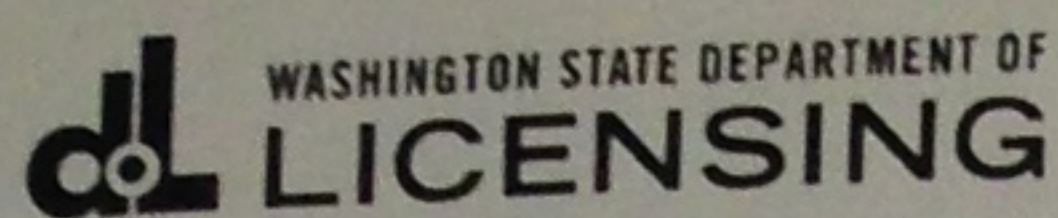
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Company/Agency name ATG Investments Inc. / <i>Trues Auto Plaza</i>		Website truesautoplaza.com	
Contact name. Primary applicant and contract manager Jeff True	(Area code) Telephone number 509-949-9302	Email (required) jefftrue@msn.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 4118 Main Street			
City Union Gap		State WA	ZIP code 98903
Mailing address of business (if different) PO Box 3219			
City Union Gap		State WA	ZIP code 98903
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601-766-151
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We sell used automobiles and trucks. To check for title lien's and brand's on vehicle's that are coming in on trade and off the street purchase's. Also to see who is legal and registered owners for title transfer purposes.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>No we won't use this information to contact the owner.</p>			



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If you currently have a CPS number, enter it here

Company/Agency name Corn Motors LLC		Website CornMotors.com	
Contact name. Primary applicant and contract manager Kyle Corn	(Area code) Telephone number (425) 610-3824	Email (required) Finance@cornmotors.com	
Contact name 2 (if applicable) Karen Fleming	(Area code) Telephone number (425) 610-3824	Email (required) KAREN@CornMotors.com	
Physical address of business (number and street) 9329 EVERGREEN WAY			
City Everett		State Wa	ZIP code 98204
Mailing address of business (if different) Same			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) [REDACTED]	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 603 380 12500

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

**Used Vehicle Sales / We pull
The report on Vehicles Customer's trade
in to check for Lien Holders.**

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

**We do not share information to outside
parties and customers are usually
here when we pull report.**

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

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- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

06/11/2018

Date and place (county) signed

Jeff True

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
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- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

6/20/18 Snohomish County

Date and place (county) signed

Kyle CORN

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

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Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>1881 Bouslog Rd.</i>			
City <i>Burlington</i>		State <i>WA</i>	ZIP code <i>98233</i>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) <i>600-571-861</i>
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Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

Company/Agency name Land Title Company of Kitsap County		Website Landtitleco.net	
Contact name. Primary applicant and contract manager Linda Petersen	(Area code) Telephone number 360-613-1220	Email (required) lindap@landtitleco.net	
Contact name 2 (if applicable) Kris Mihulka	(Area code) Telephone number 360-613-1237	Email (required) krism@landtitleco.net	
Physical address of business (number and street) 9657 Levin Rd NW			
City Silverdale		State WA	ZIP code 98383
Mailing address of business (if different) PO Box 2737			
City Silverdale		State WA	ZIP code 98383
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We handle real estate closings and provide title insurance policies for buyers and lenders.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We contact the owner to follow up and see if they have original mobile home title. Then we go onto IVIPS to verify that information is correct so we can prepare closing documents. We do not give anyone a copy of IVIPS report - it is only for our files.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private Investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

5/19/18 Ktsap
Date and place (county) signed

Linda Petersen
PRINT or TYPE Name
X Linda Petersen
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



1262-1

LAND TITLE COMPANY OF KITSAP COUNTY
C/O STEVEN D GREEN
PO BOX 2737
SILVERDALE WA 98383-2737

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

REGISTERED TRADENAMES

Corporation

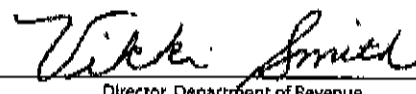
Unified Business ID #: 181-011-497

LAND TITLE COMPANY OF KITSAP COUNTY

REGISTERED TRADE NAMES:

LAND TITLE COMPANY
LAND TITLE COMPANY OF KITSAP COUNTY
LAND TITLE COMPANY OF KITSAP COUNTY, INC
LAND TITLE COMPANY OF MASON COUNTY

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.



Director, Department of Revenue



1915-1

LAND TITLE COMPANY OF KITSAP COUNTY
PO BOX 2737
SILVERDALE WA 98383

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 181011497

Business ID #: 001

Location: 0002

Expires: Jul 31, 2019

Corporation

LAND TITLE COMPANY OF KITSAP COUNTY
9657 LEVIN RD NW
SILVERDALE, WA 98383

UNEMPLOYMENT INSURANCE - ACTIVE

MINOR WORK PERMIT - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

TAX REGISTRATION #181-011-497 - ACTIVE

DUTIES OF MINORS:

PURGING, SCANNING AND INDEXING CLOSED AND CANCELLED FILES. COMPUTER WORK.

LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

REGISTERED TRADE NAMES:

LAND TITLE COMPANY OF KITSAP COUNTY

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Director, Department of Revenue



7187-1

LAND TITLE COMPANY OF KITSAP COUNTY
PO BOX 2737
SILVERDALE WA 98383-2737

DETACH BEFORE POSTING



STATE OF
WASHINGTON

Corporation

LAND TITLE COMPANY OF KITSAP COUNTY
600 KITSAP ST UNIT 101
PORT ORCHARD, WA 98366

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION #181-011-497 - ACTIVE

BUSINESS LICENSE

Unified Business ID #: 181011497
Business ID #: 001
Location: 0001
Expires: Jul 31, 2019

INDUSTRIAL INSURANCE - ACTIVE

CITY ENDORSEMENTS:

PORT ORCHARD GENERAL BUSINESS #B008025 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

LAND TITLE COMPANY OF KITSAP COUNTY

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Director, Department of Revenue

LAND TITLE COMPANY OF KITSAP COUNTY
 LAND TITLE OF MASON COUNTY
 9657 LEVIN RD NW
 SILVERDALE WA 98363-7621

DETACH BEFORE POSTING

D03529



STATE OF
 WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 181 011 497
 Business ID #: 1
 Location: 3

LAND TITLE COMPANY OF KITSAP COUNTY
 LAND TITLE OF MASON COUNTY
 930 W RAILROAD AVE
 SHELTON WA 98584

TAX REGISTRATION
 INDUSTRIAL INSURANCE
 UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit

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Vicki Smith

Director, Department of Revenue



STATE OF
WASHINGTON

BUSINESS LICENSE

Domestic Profit Corporation

Unified Business ID #: 181 011 497
Business ID #: 1
Location: 6

LAND TITLE COMPANY OF KITSAP COUNTY
LAND TITLE COMPANY OF MASON COUNTY
24175 NE STATE RT 3 STE E
BELFAIR WA 98528

TAX REGISTRATION
INDUSTRIAL INSURANCE
UNEMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:

Not licensed to hire persons under age 18 at this location.

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Brad F. Roberts
Director, Department of Revenue



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

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If you currently have a CPS number, enter it here

13a

Company/Agency name Kitsap Auto Outlet		Website www.kitsapautooutlet.com	
Contact name. Primary applicant and contract manager Randy West	(Area code) Telephone number 360 479-7801	Email (required) rwest@kitsapautooutlet.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 3555 Hwy 16 W			
City Port Orchard		State Wa	ZIP code 98367
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 602 823 001
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Used Car Dealership			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. No			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

05/30/2018 Kitsap

Date and place (county) signed

Randy West

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF
WASHINGTON

BUSINESS LICENSE

Limited Liability Company

KITSAP TRUCK AND TRACTOR, LLC
KITSAP AUTO OUTLET
3555 HWY 16 W
PORT ORCHARD, WA 98367

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION #602-823-001 - ACTIVE

Unified Business ID #: 602823001

Business ID #: 001

Location: 0001

Expires: Apr 30, 2019

INDUSTRIAL INSURANCE - ACTIVE
MOTOR VEHICLE DEALER #7249 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

KITSAP AUTO OUTLET

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Director, Department of Revenue

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If you currently have a CPS number, enter it here

13a

Company/Agency name Gage Auto Sales		Website gageautosales.com	
Contact name. Primary applicant and contract manager Nancy McCrary	(Area code) Telephone number 503-652-0006	Email (required) nancy@gageautosales.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 13432 SE McLoughlin			
City Milwaukie		State Or	ZIP code 97222
Mailing address of business (if different) PO Box 220089			
City Milwaukie		State Or	ZIP code 97269
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Gage Auto Sales sells used vehicles. We use the vehicle records to verify legal and registered owners on trade in vehicles. Also to verify the registered owners and lien holders are correct on the registration for vehicles we sell to Washington residents.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>The only reason we would contact a registered owner is to obtain a release of interest on the vehicle. This rarely happens. We do not share the information with anyone.</p>			

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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Nancy S McCrary

PRINT or TYPE Name

X

Nancy S McCrary

Signature of business or organization representative

6/19/18 Clackamas County

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

VEHICLE DEALER CERTIFICATE

DA7892

EFFECTIVE: JUNE 1, 2016

EXPIRES: MAY 31, 2019

Issued To:

**GAGE AUTO SALES INC
13432 SE MCLOUGHLIN BLVD
MILWAUKIE OR 97222**

This business is authorized to engage in buying, selling, or dealing in new or used vehicles in the state of Oregon under the provisions of ORS 822.020, and to exercise privileges granted by certificate under the provisions of ORS 822.040.

To be valid, this certificate must be prominently posted at the business address listed above and is not valid at any other location. It is not valid if expired, revoked, canceled or suspended, under the provisions of ORS 822.045 and ORS 822.050.

*Driver and Motor Vehicle Services
Department of Transportation
Salem OR 97314*

*** ALTERATION, MUTILATION OR ERASURE WILL VOID CERTIFICATE ***

183
ARTICLES OF INCORPORATION**OF****Gage Auto Sales, Inc.****FILED****MAY 14 1998****OREGON
SECRETARY OF STATE**

A Business Corporation

633974-84
REGISTRY NO.

I, the undersigned, a natural person of the age 21 years or more, acting as incorporator under the Oregon Business Corporation Act, adopt the following Articles of Incorporation:

ARTICLE I

The Name of the corporation is **Gage Auto Sales, Inc.**, and its duration shall be perpetual.

ARTICLE II

The purpose for which this corporation is organized is:

(a) To do any and all things and exercise any and all powers which may now or hereafter be lawful for the corporation to exercise under and pursuant to the laws of the State of Oregon and any other laws which may hereafter be applicable to the corporation's business.

(b) The foregoing clauses shall be construed both as objects and powers and in furtherance of and not in limitation of the general powers conferred by the State of Oregon, and the foregoing enumeration of powers shall not be held to limit or restrict in any manner the general powers of this corporation.

////

ARTICLES OF INCORPORATION (Gage Auto Sales, Inc.)
48
514

6033974-84

203

ARTICLE III

The aggregate number of shares of stock which the corporation shall have authority to issue is 10,000 with no par value common stock. The class of stock that will receive the net assets upon dissolution shall be the common stock.

ARTICLE IV

The address of the initial registered office of the corporation is:

1707 SE 71st
Portland, Oregon 97215

and the name of its initial registered agent at such address is:

Amy M. Gage

All notices sent by the Corporation Commission may be mailed to:

Amy M. Gage
1707 SE 71st
Portland, Oregon 97215

ARTICLE V

The number of directors constituting the initial Board of Directors of the corporation is ONE (1), consisting of the following named persons, residing at the addresses indicated:

Amy M. Gage
1707 SE 71st
Portland, Oregon 97215

ARTICLE VI

The name and address of the Incorporator is as follows:

Amy M. Gage
1707 SE 71st
Portland, Oregon 97215

ARTICLES OF INCORPORATION (Gage Auto Sales, Inc.)

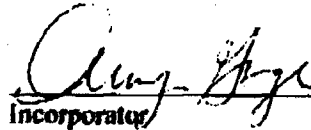
1633974-84

303

The internal affairs of the corporation shall be conducted in accordance with the provisions of the Oregon Business Corporation Act now in effect.

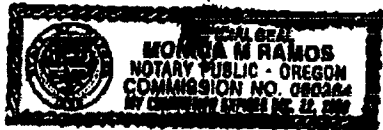
EXECUTION:

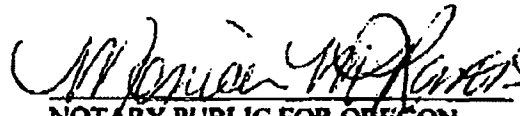
Dated: May 13, 1998


Incorporator

STATE OF OREGON, County of Multnomah) ss.

I, MONICA M RAMOS, a Notary Public of Oregon, hereby certify that on this 14th day of May, 1998 personally appeared before me Amy M. Gage who being by me first duly sworn, declared that he is the person who signed the foregoing document as Incorporation, and that the statements therein contained are true.




NOTARY PUBLIC FOR OREGON
My Commission Expires: 12-22-2000

Person to Contact about this filing:

Amy M. Gage
1707 SE 71st
Portland, Oregon 97215
(503) 775-5240

ARTICLES OF INCORPORATION (Gage Auto Sales, Inc.)

AMENDED ANNUAL REPORT



Corporation Division
www.filinginoregon.com

E-FILED
May 05, 2018
OREGON SECRETARY OF STATE

REGISTRY NUMBER

63397484

REGISTRATION DATE

05/14/1998

BUSINESS NAME

GAGE AUTO SALES, INC.

BUSINESS ACTIVITY

USED VEHICLE SALES

MAILING ADDRESS

PO BOX 220089
MILWAUKIE OR 97269 USA

TYPE

DOMESTIC BUSINESS CORPORATION

PRIMARY PLACE OF BUSINESS

13432 SE MCLOUGHLIN BLVD
MILWAUKIE OR 97222 USA

JURISDICTION

OREGON

REGISTERED AGENT

AMY GAGE

13432 SE MCLOUGHLIN BLVD
MILWAUKIE OR 97222 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

PRESIDENT

GREG M. GAGE

13432 SE MCLOUGHLIN BLVD
MILWAUKIE OR 97222 USA

SECRETARY

GREG M. GAGE

13432 SE MCLOUGHLIN BLVD
MILWAUKIE OR 97222 USA

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PO Box 2957

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If you currently have a CPS number, enter it here

13a

Company/Agency name North Coast Credit Union		Website northcoastcu.com	
Contact name. Primary applicant and contract manager Jaleen Bacon	(Area code) Telephone number 360-685-4031	Email (required) jbacon@northcoastcu.com	
Contact name 2 (if applicable) Sarah Gamble	(Area code) Telephone number 360-685-4068	Email (required) sgamble@northcoastcu.com	
Physical address of business (number and street) 1100 Dupont St			
City Bellingham		State WA	ZIP code 98225
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601128537
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>To provide financial access to all of our members, including but not limited to loans. Vehicle ownership and title/registration, ie: name, title number, date of transfer, current lien holder, ect... We need this information to determine whether we are on title to the vehicle we have financed. Also we need to be able to determine if a member is on title to a vehicle they would like to finance. If we have lost title we use information from CPS to complete the Loss/Release form.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>No</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

7-5-18 Whatcom
Date and place (county) signed

Jaleen Bacon - North Coast Credit Union
PRINT or TYPE Name
☒ Jaleen Bacon for NCCU
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

RECEIVED

PUBLIC

OSURE/CONTRACTS

STATE of WASHINGTON



SECRETARY of STATE

RECEIVED

JUN 02 1997

DEPT. OF FINANCIAL INSTITUTIONS
OLYMPIA, WASHINGTON

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF AMENDMENT

to

PUBLIC EMPLOYEES CREDIT UNION

a Washington Credit Union corporation. Articles of Amendment were filed for record in this office on the date indicated below.

Changing name to NORTH COAST CREDIT UNION

UBI Number: 000 000 000

Date: May 14, 1997



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

RALPH H. MUNRO

Ralph Munro, Secretary of State

2-089466-3

My DOR

My DOR Unauthenticated

Business Lookup

NORTH COAST CREDIT UNION

License Information:

[New search](#)[Back to results](#)**Entity name:** NORTH COAST CREDIT UNION**Business name:** NORTH COAST CREDIT UNION**Entity type:** Nonprofit Corporation**UBI #:** 601-128-537 **Business ID:** 001 **Location ID:** 0001**Location:** Open**Location address:** 1100 DUPONT ST
BELLINGHAM WA 98225-3113 USA**Mailing address:** 1100 DUPONT ST
BELLINGHAM WA 98225-3113 USA[View Additional Locations](#)**Excise tax account and reseller permit status:** Open (View)**Secretary of State status:** [Click here](#)

Endorsements

Endorsements held at this location	License #	Count	Details	Status	Expiration date	First issuance date
Bellingham General Business				Active		Jul-09-2014
Minor Work Permit				Active	Dec-31-2018	Jun-04-2004

2 Rows

Governing People May include governing people not registered with SOS

Governing people	Title
BRINK, MARILYN	President

Information current as of 7/5/2018 4:17:33 PM

Working together to fund Washington's future

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)**cps@dol.wa.gov**

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.**Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name PIER 99 LLC		Website	
Contact name. Primary applicant and contract manager MIKE SINCLAIR	(Area code) Telephone number 360-566-8192	Email (required) msinclair@mobinv.net	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 1441 N. MARINE DRIVE			
City PORTLAND		State OREGON	ZIP code 9797217
Mailing address of business (if different) 8320 NE HIGHWAY 99			
City VANCOUVER		State WASHINGTON	ZIP code 98665
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) OREGON 761233-98
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Marlina Operation including slip rental and boat/trailer storage. We will use records to confirm ownership in case of landlords lien for past due slip rental or storage fees.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Owner will be contacted by mail only. Information will not be disclosed to any other person or entity.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Mike Sinclair, Manager, Pier 99 Marina

PRINT or TYPE Name

6/202/18 Clark County

Date and place (county) signed

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Business Registry Business Name Search

[New Search](#)

Business Entity Data

06-22-2018

12:01

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
761233-98	DLLC	ACT	OREGON	03-31-2011	03-31-2019	
Entity Name	PIER 99 LLC					
Foreign Name						

[New Search](#)

Associated Names

Type	PPB	PRINCIPAL PLACE OF BUSINESS			
Addr 1	1441 N MARINE DR				
Addr 2					
CSZ	PORTLAND	OR	97217	Country	UNITED STATES OF AMERICA

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT	Start Date	03-31-2011	Resign Date	
Name	GARY	BLACKLIDGE				
Addr 1	1515 SW 5TH ST STE 600					
Addr 2						
CSZ	PORTLAND	OR	97201	Country	UNITED STATES OF AMERICA	

Type	MAL	MAILING ADDRESS			
Addr 1	8320 NE HIGHWAY 99				
Addr 2					
CSZ	VANCOUVER	WA	98665	Country	UNITED STATES OF AMERICA

Type	MEM	MEMBER			Resign Date	
Not of Record	MOB INVESTMENTS, INC.					
Addr 1	8320 NE HIGHWAY 99					
Addr 2						
CSZ	VANCOUVER	WA	98665	Country	UNITED STATES OF AMERICA	

Type	MGR	MANAGER			Resign Date	
Name	KATHY	HARRISON				
Addr 1	8320 NE HIGHWAY 99					
Addr 2						
CSZ	VANCOUVER	WA	98665	Country	UNITED STATES OF AMERICA	

[New Search](#)






Name History

Business Entity Name	<u>Name Type</u>	<u>Name Status</u>	Start Date	End Date
PIER 99 LLC	EN	CUR	03-31-2011	

Please read before ordering Copies.

New Search

Summary History

Image Available	Action	Transaction Date	Effective Date	Status	Name/Agent Change	Dissolved By
	ANNUAL REPORT PAYMENT	03-13-2018		SYS		
	ANNUAL REPORT PAYMENT	02-28-2017		SYS		
	ANNUAL REPORT PAYMENT	02-26-2016		SYS		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	06-03-2015		FI		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	05-14-2015		FI		
	ANNUAL REPORT PAYMENT	03-02-2015		SYS		
	ANNUAL REPORT PAYMENT	02-25-2014		SYS		
	ANNUAL REPORT PAYMENT	02-27-2013		SYS		
	AMNDMT TO ANNUAL RPT/INFO STATEMENT	04-23-2012		FI		
	AMENDED ANNUAL REPORT	02-23-2012		FI		
	ARTICLES OF ORGANIZATION	03-31-2011		FI	Agent	

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Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

Company/Agency name <i>Express Credit Union</i>		Website <i>www.expresscu.org</i>	
Contact name. Primary applicant and contract manager <i>Elizabeth Escobar</i>	(Area code) Telephone number <i>206-622-1850 ext 114</i>	Email (required) <i>elizabeth.escobar@expresscu.org</i>	
Contact name 2 (if applicable) <i>Nicholas Tilley</i>	(Area code) Telephone number <i>206-622-1850 ext 105</i>	Email (required) <i>nicholas.tilley@expresscu.org</i>	
Physical address of business (number and street) <i>1930 6th Ave S Suite 104</i>			
City <i>Seattle</i>		State <i>WA</i>	ZIP code <i>98134</i>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) <i>6d</i>	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>We are a credit union that does auto loans. We use site to check VIN to make sure legal owners names for private party sales. We also check VIN to see who is on title as registered owner for refinance or when members use title as collateral. Also to check and make sure liens are perfected. Sometimes used for collection purposes to see if address is updated not frequent.</i>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <i>The only instance we'd contact owner is if they want to use car as collateral but there is a second name on title we would tell them the other party would need to agree to use as collateral. Also we'd call if they were supposed to add ECU as lien holder and we find they haven't. We would not provide to attorney or private investigator.</i>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

<u>06/08/2018</u> Date and place (county) signed	<div style="text-align: center;"><u>Elizabeth Escobar</u> <small>PRINT or TYPE Name</small></div> <div style="text-align: center;"><input checked="" type="checkbox"/> <u>Elizabeth Escobar</u> <small>Signature of business or organization representative</small></div>
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Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
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PO Box 2957
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(360) 570-7895

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If you currently have a CPS number, enter it here _____

Company/Agency name Narrows Marina llc		Website www.narrowsmarina.com	
Contact name. Primary applicant and contract manager Maria Estrada	(Area code) Telephone number (253) 564-3032	Email (required) mestrada@narrowsmarina.com	
Contact name 2 (if applicable) Amanda Hoover	(Area code) Telephone number (253) 564-3032	Email (required) ahoover@narrowsmarina.com	
Physical address of business (number and street) 9007 S. 19th Street Suite 100			
City Tacoma		State WA	ZIP code 98466
Mailing address of business (if different) same as above			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI) 602-192-083
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>We are a marina/storage facility. We provide storage for boats, cars, household goods, use of boat launch, parking, and Moorage. We are a private facility, boats and vehicles have been left at or facility without consent. Citations are issued in these events for non payment. Also records are needed when boats/and or vehicles are left in storage without pay to proceed with landlord lien process.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>Yes, we will contact the owner for payment or for them to retrieve their boat/and or vehicle. We will not provide the information to a private investigator. An attorney will not be given the information unless their is a legal dispute. A third party collection company may be given the information if citations are not paid. The owner will be given notice that their information was requested and they will receive notices pertaining to landlord lien process.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Maria Estrada

PRINT or TYPE Name

6/21/2019 Pierce County

Date and place (county) signed



Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name Narrows Marina llc	Contact name Maria Estrada	Email mestrada@narrowsmarina.com	(Area code) Phone number (253) 564-3032
	Address, City, State, Zip code 9007 S. 19th Street Suite 100 Tacoma, WA 98466		Subscriber's permissible use Main Admin/Manager Record request	
	Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name Narrows Marina llc	Contact name Amanda Hoover	Email ahoover@narrowsmarina.com	(Area code) Phone number (253) 564-3032
	Address, City, State, Zip code 9007 S. 19th Street Suite 100 Tacoma, WA 98466		Subscriber's permissible use Admin 2 Record Request	
	Does the subscriber provide information to an attorney or private investigator? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name Narrows Marina llc	Contact name Trischa Barlet	Email t.barlet@narrowsmarina.com	(Area code) Phone number (253) 564-3032
	Address, City, State, Zip code 9007 S. 19th Street Suite 100 Tacoma, WA 98466		Subscriber's permissible use Record Request	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

13a

Company/Agency name BAUMGARTNER, NELSON & WAGNER		Website BNW-LAW.COM	
Contact name. Primary applicant and contract manager LYNN HISSMAN	(Area code) Telephone number 360-694-4344	Email (required) LHISSMAN@BNW-LAW.COM	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 112 W. 11TH STREET, SUITE 150			
City VANCOUVER		State WA	ZIP code 98660
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) <div style="background-color: black; color: white; padding: 2px 5px;">6d</div>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)

Answer the following

Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).

LEGAL REPRESENTATION

Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.

POSSIBLE PROCESS OF SERVICE OF DEFENDANT IN A LAWSUIT

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

LYNN HISSMAN

PRINT or TYPE Name

X

Signature of business or organization representative

7/2/18 - CLARK COUNTY

Date and place (county) signed

Authorities:
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

IN THE SUPREME COURT OF THE STATE OF WASHINGTON

IN THE MATTER OF THE ADMISSION)	BAR NO. 3727
)	
OF)	CERTIFICATE
)	
WILLIAM VANCE BAUMGARTNER)	OF
)	
TO PRACTICE IN THE COURTS OF THIS STATE)	GOOD STANDING
)	

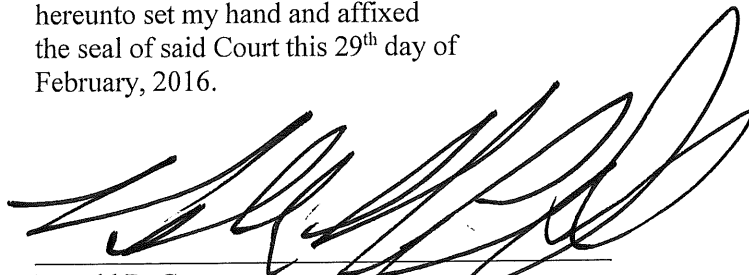
I, Ronald R. Carpenter, Clerk of the Supreme Court of the State of Washington, hereby certify

WILLIAM VANCE BAUMGARTNER

was regularly admitted to practice as an Attorney and Counselor at Law in the Supreme Court and all the Courts of the State of Washington on October 13, 1971, and is now and has continuously since that date been an attorney in good standing, and has a current status of active.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
the seal of said Court this 29th day of
February, 2016.



Ronald R. Carpenter
Supreme Court Clerk
Washington State Supreme Court



STATE OF
WASHINGTON

BUSINESS LICENSE

Limited Liability Company

BAUMGARTNER, NELSON & WAGNER PLLC
112 W 11TH ST STE 150
VANCOUVER, WA 98660-3359

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE

Unified Business ID #: 602095981

Business ID #: 001

Location: 0001

Expires: Feb 28, 2019

INDUSTRIAL INSURANCE - ACTIVE

CITY ENDORSEMENTS:

VANCOUVER GENERAL BUSINESS - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue



Vehicle/Vessel Disclosure Agreement Application

Use this form to apply for access to vehicle/vessel records or information. Once completed, mail or fax it to:

Public Disclosure
Department of Licensing
PO Box 2957
Olympia WA 98507-2957
Fax: (360) 570-7895

Please allow 14 business days to process and respond to your request.

We are committed to protecting personal information. There is no guarantee you will be provided the information. We release information in accordance with the federal Driver Privacy Protection Act (DPPA), and Washington State laws. The DPPA restricts redisclosure of personal information obtained from vehicle records. An authorized recipient may only redisclose information for a permitted use.

1 PRINT OR TYPE Method of access you are requesting			
<input type="checkbox"/> Internet Vehicle/Vessel Information Processing System (IVIPS) (<i>Individual record inquiries</i>) (360) 359-4001			
<input type="checkbox"/> Secure data transfer (360) 902-3673			
<input checked="" type="checkbox"/> Electronic Lender Transaction (ELT) (360) 902-3708 Service bureau name: <u>Dealertrack</u>			
Company/Agency name <u>Midland States Bank</u>			
Contact name <u>Connie Schulte</u>	(Area code) Telephone number <u>(314) 889-1307</u>	(Area code) Fax number <u>(800) 648-6518</u>	
Contact name 2 (If applicable) <u>Luci Garcia</u>	(Area code) Telephone number <u>(720) 317-2153</u>	email <u>lgarcia@midlandef.com</u>	
Contact name 3 (If applicable)	(Area code) Telephone number	email	
Physical address of business (Number and street) <u>7700 Bonhomme Ave., Ste. 300</u>			
City <u>Clayton</u>		State <u>MO</u>	ZIP code <u>63105</u>
Mailing address of business (If different)			
City		State	ZIP code
email <u>cschulte@midlandef.com</u>		website <u>midlandef.com</u>	
You are required to provide one of the items below.			
Tax Identification Number (TIN) <u>6d</u>			
Federal Employer Identification Number (EIN) _____			
Washington State Unified Business Identifier (UBI) _____			

Agency Use Only			
Account number _____		<input type="checkbox"/> New account <input type="checkbox"/> Renewal <input type="checkbox"/> Reapply	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Cancelled <input type="checkbox"/> Misuse			

2 Check all that apply to you and/or your business

- | | | |
|--|---|--|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Lien service | <input type="checkbox"/> Service bureau for another business
Provide business name: _____ |
| <input type="checkbox"/> Auction | <input type="checkbox"/> Marina | <input type="checkbox"/> Storage facility |
| <input type="checkbox"/> Auto manufacturer or agent | <input type="checkbox"/> Neighborhood block watch | <input type="checkbox"/> Title/Escrow |
| <input type="checkbox"/> Bail bonds | <input type="checkbox"/> Newspaper or media | <input type="checkbox"/> Toll facility |
| <input checked="" type="checkbox"/> Bank or financing firm | <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Towing company |
| <input type="checkbox"/> Business | <input type="checkbox"/> Parking enforcement | <input type="checkbox"/> Transporter |
| <input type="checkbox"/> Commercial parking company | <input type="checkbox"/> Private investigator | <input type="checkbox"/> Union (non-profit) |
| <input type="checkbox"/> Credit union | <input type="checkbox"/> Process server | <input type="checkbox"/> Vehicle/Vessel dealer |
| <input type="checkbox"/> Data broker/Reseller | <input type="checkbox"/> Property mgmt. - Government | <input type="checkbox"/> I represent a business that will
provide information to another party
Provide business name(s): _____ |
| <input type="checkbox"/> Debt recovery/Collection | <input type="checkbox"/> Property mgmt. - Private | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Employer/Prospective employer | <input type="checkbox"/> Repossession service | |
| <input type="checkbox"/> Government | <input type="checkbox"/> Retail/Store | |
| <input type="checkbox"/> Guardianship/Trustee service | <input type="checkbox"/> School - Private | |
| <input type="checkbox"/> Home owner association | <input type="checkbox"/> School - Public | |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Scrap processor or wrecker | |
| <input type="checkbox"/> Hulk hauler | <input type="checkbox"/> Security services - Government | |
| <input type="checkbox"/> Insurance company/agent | <input type="checkbox"/> Security services - Private | |

3 Provide a detailed explanation of your primary business activity (exactly what your business does).

Our division of the bank finances equipment and transportation assets to commercial businesses.

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

In order to electronically record our lienholder information.

5 Redisclosure and/or selling of information

Will you redisclose or sell the information to anyone else? ☐ Yes ☒ No

If yes, which will you do? ☐ Sell ☐ Provide to others

If yes, to whom will you provide the information? Be specific, list all recipients.

If yes, how do you ensure they have a permitted use under the DPPA and Washington state law? Be specific.

If yes, how will you supply the information? Describe.

6 Owner contact

Will you contact the vehicle/vessel owner? ☐ Yes ☒ No

Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, how is contact made? Describe.

If yes, describe or provide an example of why you would contact them.

7 Check all that apply

- ☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license.
 - any/all professional licenses that you possess.
- ☒ **I represent a business outside Washington State.** If your business is not required to be licensed in the State of Washington, attach a legible copy of either:
- your current business license.
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license.
 - any/all professional licenses that you possess.
 - registration for county jurisdiction(s).
- ☐ **I represent a government agency.** Attach a statement that the information you receive will be used solely for carrying out official agency functions. Print agency name:
-
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license.
 - your current bar card.
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license.
 - your current business license.

***Whenever the name or address of an individual vehicle owner is provided to an attorney or private investigator, we will notify the vehicle owner that the information has been provided. RCW 46.12.635(4)**

8 Answer the following

- Have you attached all the required documents that apply to this Vehicle/Vessel Disclosure Agreement Application? ☒ Yes ☐ No
- Do you agree not to divulge any of the information we provide you to any third party that has not been disclosed on this Agreement Application? ☒ Yes ☐ No
- Do you agree not to use the information for any purpose other than what is stated on this Agreement Application, or approved by us, not to sell the information, and that the information will not be used for commercial purposes by you or by any other individual or organization? ☒ Yes ☐ No
- Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact with a person named in the disclosed information? "Unsolicited business contact" means a contact that is intended to result in, or promote the sale of any goods or services to a person named in the disclosed information..... ☒ Yes ☐ No

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Connie Schulte

PRINT Name

VP Operations

Title

7700 Bonhomme Ave., Ste. 300

Address

Clayton, MO 63105

City, State, ZIP code

X

Signature

Connie Schulte

5-10-18

Date and place



ACH Payment Plan (Direct Debit) Authorization Agreement

You can use this form to initiate or change ACH banking information. Send this completed form to:

Revenue Accounting
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Company/Individual name Midland States Bank		Branch (if applicable)	
Company/Individual address 7700 Bonhomme Ave.			
City Clayton		State MO	ZIP code 63105
Company contact name Connie Schulte		(Area code) Telephone number 314-889-1307	Email address cschulte@midlandef.com
Company contact name Luci Garcia		(Area code) Telephone number Telephone # 720-317-2153	Email address lgarcia@midlandef.com
Purpose of ACH <input type="checkbox"/> UCC <input checked="" type="checkbox"/> Vehicle electronic titles <input type="checkbox"/> Vehicle mail-in processing <input type="checkbox"/> Drivers <input type="checkbox"/> Agents/Subagents <input type="checkbox"/> Firearms			
Financial institution name Midland States Bank		Account name Heartland Business Cr	Account number 6a
Account type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> GL		Bank ABA number/Transit/Routing number (including check digit) 081204540	
Financial institution contact name Connie Schulte		(Area code) Telephone number 314-889-1307	Email address cschulte@midlandef.com

This authorization is effective until terminated by this Department or the company/individual named above.
If terminated by the company/individual, we must be notified 30 days before the termination date.

I authorize the Department of Licensing to initiate debit entries to the account indicated at the bank or credit union named above. I acknowledge that the debit entries must comply with United States law.

Connie Schulte

PRINT or TYPE name of company officer or individual
VP - Operations

Title
X *Connie Schulte*
Signature of company officer or individual Date

PRINT or TYPE name of company officer

Title
X
Signature of company officer Date

Department use only			
Contract number	Accounting assigned ID code		Date forwarded to Accounting
Print name of Department representative		Signature X	Date

GREEN SECURELINE CHAIN AND GREEN DIAMOND DISAPPEAR WHEN COPIED - HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

38089

Heartland Business Credit

390 Union Blvd., Suite 600
Lakewood CO 80228
303.986.4885

Midland 

States Bank

70-454/812

 EZShield™ Check Fraud
Protection for Business

DATE

AMOUNT

1/15/2018

1

PAY ~~One Thousand Seven Hundred Thirty~~

TO THE

ORDER

OF

~~Bill Direct~~
~~for 10145~~

~~11/10/2017 5397~~



AUTHORIZED SIGNATURE

⑈038089⑈ ⑆081204540⑆ ⑈ 6a ⑈

Security features. Details on back.





State of Illinois
Department of Financial and Professional Regulation
Division of Banking

Date: May 3, 2018

Certificate

I, **MARC A. EDWARDS**, do hereby certify that, according to the records maintained by the Illinois Department of Financial and Professional Regulation, Division of Banking, **MIDLAND STATES BANK, EFFINGHAM COUNTY, EFFINGHAM, ILLINOIS**, has held and continues to hold authority to do a general banking business as provided by the Illinois Banking Act and as permitted by its charter.

IN TESTIMONY WHEREOF, I hereby subscribe
my name.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the
State of Illinois;

BRYAN A. SCHNEIDER, SECRETARY

DIVISION OF BANKING



Marc A. Edwards

Marc A. Edwards
Assistant Director

May 10, 2018

WA Electronic Lien Program

To whom it may concern:

The following team members are authorized to communicate and complete any additional items as may be required to finalize the WA Electronic Lien Program on behalf of Midland States Bank, FEIN # 6d

Connie Schulte, VP Operations
Julie Pray, VP Operations
Vicky Spoerry, Sr. Funding Specialist
Luci Garcia, Sr. Funding Specialist

Please accept this letter as authorization of the above.

Regards,



Midland States Bank
Jourdan Saegusa, COO
7700 Bonhomme Ave., Ste. 300
Clayton, MO 63105

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

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and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have a CPS number, enter it here _____

Company/Agency name State Lines Acquisitions		Website	
Contact name. Primary applicant and contract manager Joseph A Neubauer	(Area code) Telephone number (918) 644-1085	Email (required) statelines@yahoo.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 37716 22nd Ave S			
City Roy		State WA	ZIP code 98580
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 604268474
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). I, Joseph Neubauer, sole proprietor of State Lines Acquisitions, am a Bail Bonds Recovery Agent operating throughout Washington State. I require access to vehicle and vessel records for the purpose of tracking and apprehending fugitives at large to put them back in jail. Records are never used for any other purpose or provided to outside personnel or entities.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. I will not contact the owner of vehicles based off information obtained from vehicle and vessel records for the purpose of any unsolicited business contact. The primary purpose of records obtained is for investigations I conduct into who owns the vehicle and the address of record. If the owner is a fugitive at large, that person may have to be apprehended, but records will not be used for information to the public or for any other purpose. Records information will not be provided to attorneys or private investigators.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

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- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

20180513 Pierce County
Date and place (county) signed

Joseph Neubauer
PRINT or TYPE Name
X
Signature of business or organization representative

Authorities:
Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

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cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

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If you currently have a CPS number, enter it here

13a

Company/Agency name B & C Auto Sales Inc.		Website	
Contact name, Primary applicant and contract manager Linda Clausen	(Area code) Telephone number 360-456-8128	Email (required) linda_clausen@yahoo.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 6905 Martin Way E.			
City Olympia		State Wa	ZIP code 98516
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601788965
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Buy and Sell Vehicles			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <i>Will not disclose any information</i>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Linda Clausen

PRINT or TYPE Name

5-24-18 Thurston

Date and place (county) signed

X *linda clausen*

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

DETACH SEPARATE PORTIONS



STATE OF
WASHINGTON
Corporation

BUSINESS LICENSE

B&C AUTO SALES, INC.
6905 MARTIN WAY E
OLYMPIA, WA 98516-5582

Unified Business ID #: 601788965
Business ID #: 001
Location: 0001
Expires: May 31, 2019

TAX REGISTRATION #601-788-965 - ACTIVE

MOTOR VEHICLE DEALER #1755 - ACTIVE

REGISTERED TRADE NAMES:

B & C NORTHWEST AUTO SALES
B&C ENTERPRISES

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith

Director, Department of Revenue

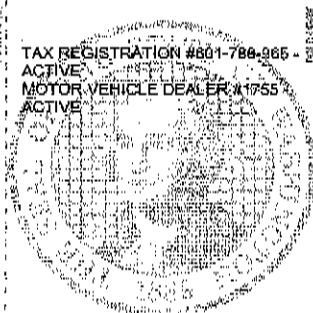
UBI: 601788965 001 0001

B&C AUTO SALES, INC.
6905 MARTIN WAY E
OLYMPIA, WA 98516-5582

STATE OF WASHINGTON

TAX REGISTRATION #601-788-965 -
ACTIVE
MOTOR VEHICLE DEALER #1755
ACTIVE

Expires: May 31, 2019



DETACH THIS SECTION FOR YOUR WALLET

Vikki Smith

Director, Department of Revenue

IMPORTANT!

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY
BEFORE POSTING THIS LICENSE**

General Information

- Post this Business License in a visible location at your place of business.
- If you were issued a Business License previously, **destroy the old one and post this one in its place.**
- All endorsements should be renewed by the expiration date that appears on the front of this license to avoid any late fees that may apply.

If there is no expiration date, the endorsements remain active as long as you continue required reporting (see Endorsements).

- Login to **My DOR** at business.wa.gov/BLS if you need to make changes to your business name, location, mailing address, telephone number, or business ownership.

Telephone: 1-800-451-7985

Endorsements

Although tax registration, unemployment, and industrial insurance endorsements appear on your Business License, the registration with the agencies that govern these endorsements is not complete until they have established an account for your business.

Each registering agency requires you to submit periodic reports. Each agency will send you the necessary reporting forms and instructions.

Corporations, limited liability companies, etc.

You must submit a Business License Application and file with the Corporations Division of the Secretary of State before you can legally operate as a corporation, limited liability company, or other business organization type that requires registration. If you have any questions, call (360) 725-0377.

For assistance or to request this document in an alternate format, visit <http://business.wa.gov/BLS> or call 1-800-451-7985. Teletype (TTY) users may use the Washington Relay Service by calling 711.

BL5-700-107 (04/14/16)

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)
cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here 13a

Company/Agency name BOWEN SCARFF FORD SALES, INC.		Website BOWENSCARFFFORD.COM	
Contact name. Primary applicant and contract manager BILL BAILEY	(Area code) Telephone number 253-852-1480	Email (required) billbailey@bowenscarff.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 1157 CENTRAL AVE N			
City KENT		State WA	ZIP code 98032
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI) 173003075
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). WE ARE A NEW AND USED VEHICLE DEALER, THE INFORMATION WILL BE USED TO DETERMINE REGISTERED AND LEGAL OWNERS OF VEHICLES BEING ACQUIRED FOR RESALE, AND TITLE-BRANDS IF ANY.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. NO, THE USE IS FOR REGISTRATION PURPOSES ONLY.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

BILL BAILEY

PRINT or TYPE Name

X

Signature of business or organization representative

06/22/2018 ... KENT, WA

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF
WASHINGTON

BUSINESS LICENSE

Corporation

BOWEN SCARFF FORD SALES, INC.
BOWEN SCARFF FORD-LINCOLN
1157 CENTRAL AVE N
KENT, WA 98032-3043

Unified Business ID #: 173003075

Business ID #: 001

Location: 0001

Expires: Sep 30, 2018

UNEMPLOYMENT INSURANCE #23050200 - ACTIVE

INDUSTRIAL INSURANCE #214098006 - ACTIVE

MINOR WORK PERMIT - ACTIVE

TAX REGISTRATION - ACTIVE

MOTOR VEHICLE DEALER #0161 - ACTIVE

DUTIES OF MINORS:

RECEPTIONIST, LOT ATTENDANT, AND VALET, FILE CLERK

LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

The regular driving of motor vehicles by minors is prohibited. WAC 296-125-030(2)

REGISTERED TRADE NAMES:

BOWEN SCARFF FORD-LINCOLN

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)**cps@dol.wa.gov**

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.**Mail**

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.**Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name Eblen Freed PC		Website eblenfreed.com	
Contact name. Primary applicant and contract manager Tim L. Eblen	(Area code) Telephone number 503-548-6330	Email (required) tim@eblenfreed.com	
Contact name 2 (if applicable) Kristen Carey	(Area code) Telephone number 503-5548-6330	Email (required) kristen@eblenfreed.com	
Physical address of business (number and street) 1040 NE 44th Ave, Suite 4			
City Portland		State OR	ZIP code 97213
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Law firm; will use records for civil court case related discovery			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. Records will only be disclosed to parties involved in litigation. The owner will not be contacted for business purposes, nor will information be disclosed to unrelated third parties.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

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CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

<u>6/19/18 Multnomah County, OR</u>	<u>6/19/2018 Tim L. Eblen</u>
Date and place (county) signed	PRINT or TYPE Name
	<input checked="" type="checkbox"/> <u>T. Cel</u>
	Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Tim L Eblen

License Number: 41621
License Type: Lawyer
Eligible To Practice: Yes
License Status: Active
WSBA Admit Date: 9/23/2009

Contact Information

Public/Mailing Address: Eblen Freed LLP
1040 NE 44th Ave Ste 4
Portland, OR 97213-2241
United States

Email: tim@eblenfreed.com

Phone: (503) 548-6330

Fax: (503) 548-6333

Website: www.eblenfreed.com

TDD:

Practice Information Identified by Legal Professional

Firm or Employer: Eblen Freed LLP

Office Type and Size: 2-5 Lawyers in Firm

Practice Areas: Bankruptcy, Civil Litigation, Collections, Consumer, Debtor-Creditor

Languages Other Than English: Vietnamese

Professional Liability Insurance

Private Practice: Yes

Has Insurance? Yes - Click for more info

Last Updated: 2/5/2018 8:00:00 AM

Committees

Member of these committees/boards/panels:

None

Disciplinary History

In some cases, discipline search results will not reveal all disciplinary action relating to a Washington licensed legal professional, and may not display links to the official decision documents.

**Vehicle/Vessel On-line Access
Contract Application-CPS**

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

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Print and scan or upgrade to

Adobe Reader XI or above to fill it in
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Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

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If you currently have a CPS number, enter it here **13a**

Company/Agency name Burien Chevrolet INC.		Website	
Contact name, Primary applicant and contract manager Tessa Morris	(Area code) Telephone number 2062435800	Email (required) tmorris@burientoyota.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 14400 1st Ave S			
City Burien		State WA	ZIP code 98168
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We are an auto dealership and our primary business is selling new and used vehicles. We also sell auto parts and do auto service. The Contracted Plate Search is used to verify legal ownership of a vehicle being purchased for resale.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. No, we will not release any information.			

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Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

6.19.18 King
Date and place (county) signed

Tessa Morris

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



5959-1

BURIEN CHEVROLET, INC.
BURIEN CHEVROLET
14400 FIRST AVE S
BURIEN WA 98168

DETACH BEFORE POSTING



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 602413980
Business ID #: 001
Location: 0001
Expires: Jul 31, 2018

Corporation

BURIEN CHEVROLET, INC.
BURIEN CHEVROLET
14400 FIRST AVE S
BURIEN, WA 98168

UNEMPLOYMENT INSURANCE - ACTIVE
MINOR WORK PERMIT - ACTIVE
MOTOR VEHICLE DEALER #8720 - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE

DUTIES OF MINORS:

FILING, ANSWERING PHONES, LIGHT CLEAN UP

LICENSING RESTRICTIONS:

It is the business's responsibility to comply with minor work permit requirements. See WAC 296-125-030 and WAC 296-125-033 for non-Agricultural and WAC 296-131-125 for Agricultural guidelines and restricted activities.

The regular driving of motor vehicles by minors is prohibited. WAC 296-125-030(2)

REGISTERED TRADE NAMES:

BURIEN CHEVROLET

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name Steve Bellingham		Website	
Contact name. Primary applicant and contract manager Steve Bellingham	(Area code) Telephone number (206) 851 5063	Email (required) stvbellingham@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 4345 32nd Avenue W			
City Seattle		State WA	ZIP code 98199
Mailing address of business (if different) 1900 West Nickerson Street Ste 116- 211			
City Seattle		State WA	ZIP code 98119
Provide one of these identifiers	Taxpayer Identification Number (TIN) <div style="background-color: black; color: white; text-align: center;">6d</div>	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>I am a Washington State licensed Independent Claims Adjuster - I investigate insurance claims on behalf of my clients; I gather statements, photos and other evidence sufficient to settle the claim. Access to the vehicle and vessel records allows me to identify the owner of vehicles which may have been involved in the claim to settle these claims with the correct vehicle/vessel owner.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>As above I will need to contact the vehicle owner to gather evidence for the insurance claim and/or settle the claim. Disclosure of the information found on this site would be limited to reporting to the insurance company, to whom I am contracted in the investigation.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

7.1.18
Date and place (county) signed

STEVE BELLINGHAM
PRINT or TYPE Name
X
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



STATE OF
WASHINGTON

MASTER LICENSE SERVICE REGISTRATIONS AND LICENSES

UNIFIED BUSINESS ID #: 602 228 782
BUSINESS ID #: 001
LOCATION: 0001

ORGANIZATION TYPE
SOLE PROPRIETORSHIP

STEVE BELLINGHAM
300 LENORA # P-238
SEATTLE WA 98121

TAX REGISTRATION

The above entity has been issued the business registrations or licenses listed
DEPARTMENT OF LICENSING, BUSINESS & PROFESSIONS DIVISION.
P.O. BOX 9034 OLYMPIA, WA 98507-9034 (360) 664-1400

Paul Stephens
Director, Department of Licensing

0002328 AT

STATE OF WASHINGTON
UBI NUMBER 602 228 782 001 0001
EXPIRATION DATE

STEVE BELLINGHAM
300 LENORA # P-238
SEATTLE WA 98121

TAX REGISTRATION

Paul Stephens
Director, Department of Licensing

DETACH THIS SECTION FOR YOUR WALLET

OIC online services login information:

User ID: 13a
Registered email address: stvbellingham@gmail.com
Next expiry date: 07/24/2020

Remember, all licensing processes must be completed online.

Contact us via:

Email: licinfo@oic.wa.gov
Phone: 360-725-7144
Fax: 360-586-2019
Postal mail: P.O. Box 40255
Olympia, WA 98504-0255

Visit our website: <https://www.insurance.wa.gov/producers>

Make sure you are familiar with insurance license compliance laws and rules at:
<https://www.insurance.wa.gov/now-youre-licensed-whats-next>

Cut Here Cut Here Cut Here Cut Here Cut Here Cut Here

State of Washington
OFFICE OF THE INSURANCE COMMISSIONER

*** * * INDEPENDENT ADJUSTER LICENSE * * ***

WAOIC # : 111092

EFFECTIVE : 01/20/1995

EXPIRES : 07/24/2020

STEVE A BELLINGHAM

1900 WEST NICKERSON STREET #116-211

SEATTLE WA 98119

THE LICENSEE IS AUTHORIZED TO SELL THE FOLLOWING
LINES OF INSURANCE:
N/A

THIS LICENSE MUST BE ACCOMPANIED BY A CURRENT
AFFILIATION FOR EACH BUSINESS ENTITY REPRESENTED.

NOT TRANSFERABLE

Steve Kruid
INSURANCE COMMISSIONER

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

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If you currently have a CPS number, enter it here _____

Company/Agency name J & N Investments, Inc. DBA Bulldog Auto Sales & Service		Website	
Contact name. Primary applicant and contract manager Angela Fitts	(Area code) Telephone number 3605489137	Email (required) jnaw0617@gmail.com	
Contact name 2 (if applicable) Henry Russell II	(Area code) Telephone number 2066507010	Email (required) jnmr0617@gmail.com	
Physical address of business (number and street) 9922 SR 532 Unit B			
City Stanwood		State WA	ZIP code 98292
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI) 601618558
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). Purchase & Sell Used Vehilces - Dealer 0617 Check & Verify Legal Owner Status			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not use this information for any other purpose than to check and verify legal ownership of vehicles. This info0mmatuon will only be used for this sole purpose. Information will not be used to contact owners, or disclose information to anyone, including other dealers.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4)(a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

05/24/18 Snohomish County

Date and place (county) signed

Angela Fitts

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
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Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name J & N Investments, Inc.	Contact name Angela Fitts	Email jnaw0617@gmail.com	(Area code) Phone number 3605489137
	Address, City, State, Zip code 922 SR 532 Stanwood, WA 98292		Subscriber's permissible use Manager - Verification Purposes	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2	Legal business name J & N Investments, Inc.	Contact name Henry Russell II	Email jnmr0617@gmail.com	(Area code) Phone number 2066507010
	Address, City, State, Zip code 9922 SR 532 Unit B Stanwood, WA 98292		Subscriber's permissible use President - Verification Purposes	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.



STATE OF
WASHINGTON

BUSINESS LICENSE

Unified Business ID #: 601618558
Business ID #: 001
Location: 0001
Expires: Jan 31, 2019

Corporation

J & N INVESTMENTS INC.
BULLDOG AUTO SALES & SERVICE
9922 STATE ROUTE 532 STE A
STANWOOD, WA 98292-8084

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION #601-618-558 - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE
MOTOR VEHICLE DEALER #0617 (EXPIRES 4/30/2019) -
ACTIVE

CITY ENDORSEMENTS:

MARYSVILLE GENERAL BUSINESS #6152SVC318 - ACTIVE
STANWOOD GENERAL BUSINESS - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith
Director, Department of Revenue



STATE OF
WASHINGTON

BUSINESS LICENSE

Corporation

J & N INVESTMENTS INC.
BULLDOG AUTO SALES & SERVICE
701 2ND ST NE
PUYALLUP, WA 98372-3012

TAX REGISTRATION #601-618-558 - ACTIVE

Unified Business ID #: 601618558

Business ID #: 001

Location: 0002

Expires: Apr 30, 2019

MOTOR VEHICLE DEALER SUBAGENCY #0617 -
ACTIVE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vikki Smith
Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-CPS

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cps@dol.wa.gov

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Vehicle Records Disclosure Unit

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PO Box 2957

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If you currently have a CPS number, enter it here _____ **13a** _____

Company/Agency name UNDER SURVEILLANCE LLC		Website www.UnderSurveillanceLLC.com	
Contact name. Primary applicant and contract manager MELISSA ZISS	(Area code) Telephone number 3606725061	Email (required) Melissa.Ziss@aol.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 13116 140th AVE NW			
City Gig Harbor		State WA	ZIP code 98329
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>PRIVATE Investigations primarily for Insurance Fraud. Using the service when on Surveillance to confirm identity or to locate Subjects. Used for process service when locating a Subject. To locate witnesses for witness statements.</p> <p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>Occasionally the owner will be contacted for a Recorded Statement when needed or when a process service is being conducted. If used in Surveillance, the Subject will not be contacted. Info.</p>			

may be released to an attorney or Insurance Company within an Investigation Report. Information is not sold.

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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- **Business outside Washington State** – Attach a legible copy of **one** of the following:
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 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

melissa ziss

PRINT or TYPE Name

6/14/18 Snohomish
County

Date and place (county) signed

X [Signature]

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			
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	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			
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	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator?			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.

Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name Tacoma Housing Authority		Website www.tacomahousing.org	
Contact name. Primary applicant and contract manager Yvonne Ginoulis	(Area code) Telephone number 253 207-4439	Email (required) yginoulis@tacomahousing.org	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 902 South L Street			
City Tacoma		State WA	ZIP code 98405
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN) 6d	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601138126
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Provide housing to low income individuals under different types of program funding. In doing so, we are the City of Tacoma's largest property management company. From time to time we have vehicles that are suspicious and do not belong on the property. We need would like the ability to have access to see who owns the vehicle and if they should be on our property. If not then we would give notice to remove the vehicle or register with our office to be allowed to park on our property.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>No we will not provide this information to any other than the property manager where the vehicle is located. If this is a vehicle that is one of our tenants, then we will post a notice on our tenants door. If it does not belong on our property then we will send letter and give them 3 days to remove vehicle off property or it will be towed. In the case of a stolen vehicle, we will contact law enforcement.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

May 24, 2015

Date and place (county) signed

Yvonne Ginoulis

PRINT or TYPE Name

X

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725

Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02

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	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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	Address, City, State, Zip code		Subscriber's permissible use	
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7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
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**Tacoma
Housing
Authority**

Executive Director
Michael Mirra

Board of Commissioners

Janis Flauding, Chair | Minh-Anh Hodge, Vice Chair
Dr. Arthur C. Banks | Stanley Rumbaugh | Derek Young

May 23, 2018

Public Disclosure
Department of Licensing
PO Box 2957
Olympia, WA 98507-2957

Subject: Vehicle/Vessel Disclosure Agreement Application

Dear Public Disclosure Department:

Tacoma Housing Authority (THA) is requesting access to the Internet Vehicle/Vessel Information Processing System (IVIPS).

THA is requesting this access as we own properties throughout the City of Tacoma and have or may have be illegal parked on our properties.

Before having the vehicle towed, we will make every opportunity to make contact with owner of the vehicle. THA is not in the business of causing any duress to individuals who might not be able to afford having their vehicle towed. In addition, if the vehicle stolen this will give the opportunity to assist law enforcement with recovering the vehicle and returning it to the rightful owner. We would need this access on a case-by-case basis only.

THA at this time is requesting me as the only access to this system. Other THA employees (Property Managers) could be added if necessary.

If you have any questions, email is the best source of contact at yginoulis@tacomahousing.org. Thank you for your consideration in approving our application.

Respectfully,

TACOMA HOUSING AUTHORITY

Yvonne Ginoulis
Operations Coordinator



(<http://dor.wa.gov/>)

[Back to search results](#)

Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NO :	NON-REVENUE	ACCOUNT OPENED :	12/19/1988
UBI :	601138126	ACCOUNT CLOSED :	OPEN
ENTITY NAME :	HOUSING AUTHORITY CITY OF TACOMA		
BUSINESS NAME :			
ENTITY TYPE :	ASSOCIATION	RESELLER PERMIT NO:	N/A
NAICS CODE :	999990	PERMIT EFFECTIVE:	N/A
NAICS DEFINITION	N/A	PERMIT EXPIRES:	N/A

FOR NON-COMMERCIAL USE ONLY

9/21/2017 9:22 AM

Working together to fund Washington's future

**Vehicle/Vessel On-line Access
Contract Application-CPS**

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Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in and save it.

Mail

Vehicle Records Disclosure Unit

Department of Licensing

PO Box 2957

Olympia, WA 98507

Fax

(360) 570-7895

Do not use this form for personal or individual record requests.

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We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here

13a

Company/Agency name Chevrolet Cadillac of Bellevue		Website	
Contact name: Primary applicant and contract manager Holly Sampson	(Area code) Telephone number 206-366-3100	Email (required) hsampson@seedrivesmile.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 430 116th AVE NE			
City Bellevue		State WA	ZIP code 98004
Mailing address of business (if different) PO BOX 25177			
City Seattle		State WA	ZIP code 98165
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN) 6d	WA Unified Business Identifier (UBI)
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>Buying, selling and servicing new and used vehicles. Verify registered & legal owners on purchase or traded vehicles. In case of an abandoned vehicle on dealer property. Verify title # and mileage in case of discrepancy. Title status for legal owners.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>we will not disclose this information to any other persons or businesses. we will contact the owner in the finance office at the time of purchase/trade or by phone or email.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

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 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** -- Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** -- Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

7/6/18 Kiney
Date and place (county) signed

Holly Sampson
PRINT or TYPE Name
☒ Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

227-1

CHEVROLET CADILLAC OF BELLEVUE, INC.
CHEVROLET CADILLAC OF BELLEVUE, INC.
PO BOX 25177
SEATTLE WA 98165-2077

DETACH BEFORE POSTING



BUSINESS LICENSE

STATE OF
WASHINGTON

Corporation

CHEVROLET CADILLAC OF BELLEVUE, INC.
CADILLAC OF BELLEVUE
600 116TH AVE NE
BELLEVUE, WA 98004-5206

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION #602-733-883 - ACTIVE

Unified Business ID #: 602733883
Business ID #: 001
Location: 0001
Expires: Jun 30, 2019

INDUSTRIAL INSURANCE - ACTIVE
MOTOR VEHICLE DEALER #0454 - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

CADILLAC OF BELLEVUE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in cursive script that reads "Vicki Smith".

Director, Department of Revenue

Vehicle/Vessel On-line Access Contract Application-CPS

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If you currently have a CPS number, enter it here 13a _____

Company/Agency name Star Five Pro Serve		Website None	
Contact name. Primary applicant and contract manager Daniel A. Starkweather	(Area code) Telephone number 360.621.9295	Email (required) starfiveproserve@gmail.com	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) 512 SW Berry Lake Rd #30			
City Port Orchard		State Wa	ZIP code 98367
Mailing address of business (if different) 3377 Bethel Rd SE Suite 107 PMB 257			
City Port Orchard		State Wa	ZIP code 98367
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601 675 812
<p>Answer the following</p> <p>Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records).</p> <p>I am a Process Server of Legal documents. People are sometimes not being truthful at their residence. Running a plate aids in decrypting the truth. I may run a plate 5-10 times a month.</p>			
<p>Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information.</p> <p>I will not contact the owner other than to serve the papers. I will never reveal to any other person, agency, attorney, etc., the results of plate searches.</p>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

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- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DANIEL ALBERT STARKWEATHER

PRINT or TYPE Name



Signature of business or organization representative

06-25-2018 Kitsap County

Date and place (county) signed

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



Kitsap County Auditor - Washington State Process Server Form

STARKWEATHER DANIEL A

201712270166

Process Server Rec Fee: \$ 10.00
12/27/2017 02:36 PM
Dolores Gilmore, Kitsap Co Auditor

Page: 1 of 1

1. New or Renewal Registration

Are you currently registered as a Process Server in Kitsap County?

☒ Yes ☐ No

If yes, what is your registration number:

~~9411220098~~ 9411220098

2. Applicant Information

Legal Name:

DANIEL A. STARKWEATHER

Date of Birth:

3-22-58

Mailing Address:

3377 BETHEL RD. SE Suite 107 PAB 257 PORT ORCHARD, WA.
City State Zip 98366

Day Phone:

360.621.9295

Self-Employed?

☒ Yes

☐ No

3. Business Information

Business Name:

STAR FIVE PRO SERVE

Business Street Address:

3377 BETHEL RD. SE Suite 107 PAB 257 PORT ORCHARD, WA.
City State Zip 98366

Business Phone:

360.621.9295

4. Signed Affirmation

I am over 18 years of age and I am competent to be a witness in a court proceeding.

I hereby request to be registered as a process server in Kitsap County, Washington.

I understand that I am required by law to renew this registration within one year of the initial registration or when I change my name, the name of my business, my business address or business telephone number.

I further understand that if the renew is required because of a change in my identifying information, I must renew the registration within ten days of the date the identifying information changes.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and I am a resident of the State of Washington, and that I either reside in or operate my principal place of business in this county.

Signed by

Owner, Partner or Officer

Title

Process Server / Owner
(RCW 36.22.210, RCW 18.180.020)
Please Print

On

12-27-17

Date

In Washington,

PORT ORCHARD
City

Please see reverse side to complete this application.



STATE OF
WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 601 675 812
Business ID #: 1
Location: 2

DANIEL ALBERT STARKWEATHER
STAR FIVE PRO SERVE
11219 OLALLA VALLEY RD # B
OLALLA WA 98359

TAX REGISTRATION

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

EXPIRATION DATE

812 1 2

DANIEL ALBERT STARKWEATHER

STAR FIVE PRO SERVE

11219 OLALLA VALLEY RD # B

98359

TAX REGISTRATION

FOLD HERE

FOLD HERE



Director, Department of Revenue

THIS SECTION FOR YOUR WALLET

Vehicle/Vessel On-line Access Contract Application-CPS

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(360) 570-7895

Do not use this form for personal or individual record requests.

Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

13a

Company/Agency name Pinnacle Professional Services, PS		Website Pinnacleprof.com	
Contact name, Primary applicant and contract manager Shane Sawyer	(Area code) Telephone number 509-252-4541	Email (required) Shane.Sawyer@Pinnacleprof.com	
Contact name 2 (if applicable) Sandra Brewer	(Area code) Telephone number 509-321-0430	Email (required) sbrewer@pinnacleprof.com	
Physical address of business (number and street) 920 N. Argonne Ste. 200			
City Spokane Valley		State WA	ZIP code 99212
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI) 601534198
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). We need to locate individuals and businesses for the purpose of legal service of documents.			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. We will not be contacting the owner except to serve legal documents. We will not share registration records with any other person or business.			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

6/25/18
Date and place (county) signed

Shane Sawyer
PRINT or TYPE Name
X Shane Sawyer
Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087



Vehicle/Vessel On-line Access Contract Application-CPS

Use this form to apply for access to the Contracted Plate Search (CPS) service. Businesses and organizations use this service for 24-hour-a-day access to individual vehicle and vessel records via the internet. Submit your completed, signed application by email, mail or fax, and allow 14 business days for processing.

Email (quickest)

cps@dol.wa.gov

Print and scan or upgrade to

Adobe Reader XI or above to fill it in
and save it.

Mail

Vehicle Records Disclosure Unit
Department of Licensing
PO Box 2957
Olympia, WA 98507

Fax

(360) 570-7895

**Do not use this form for personal or individual record requests.
Use the Vehicle or Boat Record Request forms located at dol.wa.gov/forms/formspd.html**

We are committed to protecting personal information. Records and personal information are released in compliance with the federal Driver Privacy Protection Act of 1994 (DPPA), and Washington State laws. These laws restrict redisclosure of personal information obtained from vehicle and vessel records, and protect owners from unsolicited business contact. Authorized recipients may only redisclose information as permitted by law. There is no guarantee your request will be approved. See Authorities at the bottom of Page 2 of this application.

If you currently have a CPS number, enter it here _____

Company/Agency name <i>Partners In Care</i>		Website <i>PIC.org</i>	
Contact name. Primary applicant and contract manager <i>Sandra Campbell</i>	(Area code) Telephone number <i>206 525 2729</i>	Email (required) <i>sandiac@pic.org</i>	
Contact name 2 (if applicable)	(Area code) Telephone number	Email (required)	
Physical address of business (number and street) <i>1215 4th Ave Suite 1900</i>			
City <i>Seattle</i>		State <i>WA</i>	ZIP code <i>98101</i>
Mailing address of business (if different)			
City		State	ZIP code
Provide one of these identifiers	Taxpayer Identification Number (TIN)	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
Answer the following Provide a detailed explanation of your primary business activity (exactly what your business or agency does and how you will use the vehicle and vessel records). <i>Fiduciary company, manage trusts & serve as Guardians & POA for both court assigned matters & clients who seek us out</i>			
Will you contact the owner for any purpose, provide the registration record information to an attorney or private investigator, or to any other persons or businesses? Use this space to describe how you will contact the owner or disclose the information or state that you will not disclose it and will not contact the owner. This is required information. <i>we will only contact owner of vehicles or insurers of vehicles with the information provided.</i>			

You may not use the personal information contained in a vehicle or vessel registration record for unsolicited business contact. Unsolicited business contact means a contact that is intended to result in, or promote, the sale of any goods or services to a person named in the disclosed information. Disclosure of names and addresses of individual owners— RCW 46.12.635(1)(c).

When disclosing a vehicle or vessel registration record to a private investigator or an attorney, you must provide a notice to the owner, to whom the information applies, that the request was granted. The notice must comply with RCW 46.12.635(4) (a)(b)(c), describing you as the disclosing entity, and must be mailed to the owner within 5 working days of disclosure. You may not use DOL's name, logo, addresses, telephone numbers, email addresses or the State seal in your notification letter. You must retain a copy of the notification letters for three years from the date of disclosure, or from the date of termination of your contract, whichever occurs first, and produce copies of the letters upon a request by the DOL. Failure to send a notification letter is a violation of your contract and Washington State laws. Contact cps@dol.wa.gov to request a sample notification letter.

The sale or other distribution of any vehicle or vessel owner name or address to another person not disclosed in your request or application is a gross misdemeanor punishable by a fine not to exceed ten thousand dollars, or by imprisonment in a county jail for 364 days, or by both such fine and imprisonment for each violation. Disclosure violations, penalties —RCW 46.12.640.

Knowingly making a false statement or concealing a material fact required in this application or making false representation to obtain any personal information from an individual's motor vehicle record is also subject to federal criminal fines under the DPPA.

CPS RECORD FEES: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee. Contract holders are invoiced monthly.

Submit the following documentation with your application:

- **Washington State business** – Attach a legible copy of your current business license
- **Business outside Washington State** – Attach a legible copy of **one** of the following:
 - Your current business license or
 - A letter signed by the owner or authorized representative indicating you are their agent. The letter must include your Federal Employer Identification Number (EIN) or Federal Tax Identification Number (TIN)
- **Non-profit organization or corporation** – Attach a legible copy of **one** of the following:
 - Your Articles of Incorporation, filed with the Secretary of State or
 - Your Tax Exempt Status, (501)(c)(3), from the Internal Revenue Service
- **Attorney** – Attach a legible copy of your current bar card, or proof of current/active bar status in your state.
- **Private investigator** – Attach a legible copy of your current private investigator license.

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Sandra Campbell
PRINT or TYPE Name

6/18/18 King County WA
Date and place (county) signed

Signature of business or organization representative

Authorities:

Federal Driver Privacy Protection Act of 1994 (DPPA) 18 U.S.C. §2721 through §2725
Revised Code of Washington (RCW) 42.56, RCW 46.12.630, 635, 640; RCW 88.02
Washington Administrative Code (WAC) 308-10-075, 308-93-087

Subscriber Roster (Data brokers/resellers applying for CPS must complete and return this section)**Each data broker or reseller must:**

- Maintain a legible Subscriber Roster and complete all fields
- Record all subscribers
- Document the specific permissible use qualification for each subscriber
- Retain Subscriber Roster and notification letters sent by subscribers for the term of the Contract and for three (3) years from the date of disclosure or termination of the contract, whichever occurs first.

Your contract and/ or CPS access may be terminated if you do not maintain a complete and legible Subscriber Roster.

In the Subscriber's permissible use box, describe the DPPA defined permissible purpose for access to personal information contained in the records. For example, "information is used in the processing of insurance claims investigations." A vague answer, such as, "check who owns the vehicle," is unacceptable.

1	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	Legal business name	Contact name	Email	(Area code) Phone number
	Address, City, State, Zip code		Subscriber's permissible use	
	Does the subscriber provide information to an attorney or private investigator? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional copies of this page, if needed. You may create your own Subscriber Roster as long as it contains all of the data fields on this form.